

Kids Connection Care and Education

Anaphylactic Emergency Plan: _____

PHOTO 	Check the appropriate boxes <input type="checkbox"/> Peanut Other <input type="checkbox"/> <hr/> <input type="checkbox"/> Tree nuts <input type="checkbox"/> Insect stings Eggs <input type="checkbox"/> <input type="checkbox"/> Latex Milk <input type="checkbox"/> <input type="checkbox"/> Medication: _____
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Food: The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked / bulk foods or products with a “may contain” warning.

Signs and Symptoms of reaction _____

Skin signs: hives, swelling, itching, redness, warmth, rash, problems breathing, coughing, wheezing, shortness of breath, chest pains/tightness, nasal congestions, throat tightness, hoarse voice or hay fever-like symptoms (runny, itchy nose, watery eyes, sneezing) trouble swallowing. *Gastrointestinal:* nausea, pain/cramps, vomiting and diarrhea.

Epinephrine Auto-Injector: Expiry Date: _____/_____/_____
 Dosage: EpiPen JR 0.15mg EpiPen 0.30mg Allerject 0.15mg Allerject 0.30mg

Location of Auto injector: _____
 Other medication name: _____ Dosage: _____
 Storage of medication _____ Time to administer: _____

- Previous anaphylactic reaction
- Asthmatic: if a child is having difficulty breathing, give epinephrine auto-injector before asthma medication

1. Give epinephrine auto-injector (e.g. EpiPen® or Allerject™) at the first sign of a known or suspected Anaphylactic reaction. (See attached instruction sheet.)
 2. Call 9-1-1 or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
 3. Go to the nearest hospital immediately (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4 hours).
 4. Call emergency contact person (e.g. parent, guardian).
- Any other directions from parent/physician: _____

Emergency Contact

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned patient, parent, or guardian authorizes any adult to administer epinephrine or other medication indicated to the above-named person in the event of an anaphylactic reaction, as described above.

Does this child have permission to carry and administer their own medication? Yes _____ No _____

Parent/Guardian: _____ **Date:** _____